

## Medica® Special Transportation Request Form

To be completed by facility staff or Medica Care Coordinators only. Incomplete forms will not be processed. Transportation may only be requested within the current month's enrollment and must be submitted at least three business days in advance of the date transportation is needed. For requests with fewer than three business days' notice call the Medica Special Transportation Contact Center at 800-918-6896. Members may require a Certificate of Need prior to accessing special transportation services.

Member information		Requester information			
<b>Name:</b>		<b>Name:</b>			
<b>Date of birth:</b>		<b>Email address:</b>			
<b>Medica ID number:</b>		<b>Phone number:</b>			
<b>Transportation mode:</b>					
Please check the box if there has been a change in the member's transportation needs? <input type="checkbox"/>					
Appointment Information					
<b>Preferred transportation vendor:</b>		<b>Appointment date:</b>			
		<b>Or days of the week:</b>			
		M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su <input type="checkbox"/>			
		<b>Start date:</b>		<b>End date:</b>	
<b>Member phone #:</b>	<b>Appointment time:</b>	<b>Pick-up time:</b>	<b>Round trip: Y <input type="checkbox"/> N <input type="checkbox"/></b>		
<b>Member pick-up</b>	<b>Location name:</b>				
	<b>Address:</b>				
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>		
<b>Drop off</b>	<b>Location name:</b>				
	<b>Address:</b>				
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>		
<b>Second drop off</b> (if applicable)	<b>Location name:</b>				
	<b>Address:</b>				
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>		
<b>Final drop off</b> (if applicable or different than the pick-up location)	<b>Location name:</b>				
	<b>Address:</b>				
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>		
<b>Comments:</b>					

Submit completed requests to [specialtransportation@medica.com](mailto:specialtransportation@medica.com)